

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address <b>Rabin J. Pournazarian 186735</b> <b>6345 Balboa Blvd. Suite 247</b> <b>Encino, CA 91316</b> <b>818-995-4540 Fax: 818-995-9277</b> <b>186735 CA</b> <b>rabin@pricelawgroup.com</b>		FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)		
<b>UNITED STATES BANKRUPTCY COURT</b> <b>CENTRAL DISTRICT OF CALIFORNIA</b>		
In re:  <b>Richard Allen Eliason</b> <b>Tina Belle Eliason</b>		CASE NO.:  CHAPTER: 13
		<b>DECLARATION BY DEBTOR(S)</b> <b>AS TO WHETHER INCOME WAS RECEIVED</b> <b>FROM AN EMPLOYER WITHIN 60 DAYS OF</b> <b>THE PETITION DATE</b> [11 U.S.C. § 521(a)(1)(B)(iv)]
		[No hearing Required]
Debtor(s).		

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

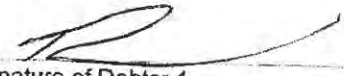
☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date:

9-15-22

Richard Allen Eliason

Printed name of Debtor 1

  
Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☒ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date:

9-20-2022

Tina Belle Eliason

Printed name of Debtor 2

Tina Eliason  
Signature of Debtor 2

Richard Eliason  
IC

Date	Gross	Taxes	Net
06/07/22	\$ 3,085.78	\$ 645.56	\$ 2,440.22
06/22/22	\$ 2,909.81	\$ 591.05	\$ 2,318.76
07/07/22	\$ 2,832.50	\$ 567.11	\$ 2,265.39
07/22/22	\$ 2,827.53	\$ 565.56	\$ 2,261.97
08/05/22	\$ 2,568.90	\$ 488.04	\$ 2,080.86
08/22/22	\$ 2,993.01	\$ 616.83	\$ 2,376.18
09/07/22	\$ 3,087.93	\$ 646.24	\$ 2,441.69
09/22/22	\$ 2,830.61	\$ 566.52	\$ 2,264.09
Totals	\$ 23,136.07	\$ 4,686.91	\$ 18,449.16
Avg 8 stubs	\$ 5,784.02	\$ 1,171.73	\$ 4,612.29



RICHARD A ELIASON JR  
1870 E BELMONT CT  
PLACENTIA, CA 92870

ABM INDUSTRY GROUPS, LLC  
14141 SOUTHWEST FRWY, SUITE 425  
SUGARLAND, TX 77478  
(323) 234-2001  
BIN: 07243124

Statement of Earnings and Deductions				
Name	SSN	Employee ID	Company	Bus Unit
RICHARD A ELIASON JR	XXX-XX-9619	[REDACTED]	00175	16527124
Check Number	Pay Period Start	Pay Period End	Check Date	Net Pay
475553	9/1/2022	9/15/2022	9/22/2022	2,264.09

Earnings				
Description	Hours	Rate	Current Amount	YTD Amount
REGULAR	40.07	28.00000	1,121.96	39,161.28
REGULAR	39.84	36.42000	1,450.97	1,450.97
PPD ADJ R				1,848.00
HOL NOT W	4.00	28.00000	112.00	1,148.20
HOL NOT W	4.00	36.42000	145.68	145.68
MEAL BR P				72.84
SICK PAY				403.36
<b>Total:</b>	<b>87.91</b>		<b>2,830.61</b>	<b>44,230.33</b>
<b>Taxable YTD:</b>				

Deductions		
Description	Current Amount	YTD Amount
Federal Income Tax	193.05	2,548.16
Federal FICA Withheld	175.50	2,742.28
Federal Medicare Withheld	41.04	641.34
CALIFORNIA WH	125.79	1,634.66
CALIFORNIA SDI EE	31.14	486.54
H&W Back Deduction		30.16
<b>Total:</b>	<b>566.52</b>	<b>8,083.14</b>

Accruals		
Description	Taken	Available
SICK BAL		72.00

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Name	SSN	Employee ID	Company	Bus Unit
RICHARD A ELIASON JR	XXX-XX-9619	[REDACTED]	00175	16527124
Check Number	Pay Period Start	Pay Period End	Check Date	Net Pay
472483	8/16/2022	8/31/2022	9/7/2022	2,441.69

**Earnings**

Description	Hours	Rate	Current Amount	YTD Amount
REGULAR	47.94	28.00000	1,342.32	36,439.39
REGULAR	43.93	36.42000	1,599.93	1,599.93
PPD ADJ R				1,848.00
HOL NOT W				1,036.20
MEAL BR P				72.84
SICK PAY	4.00	36.42000	145.68	403.36
<b>Total:</b>	<b>95.87</b>		<b>3,087.93</b>	
<b>Taxable YTD:</b>				<b>41,399.72</b>

**Deductions**

Description	Current Amount	YTD Amount
Federal Income Tax	223.93	2,355.11
Federal FICA Withheld	191.45	2,566.78
Federal Medicare Withheld	44.78	600.30
CALIFORNIA WH	152.11	1,508.87
CALIFORNIA SDI EE	33.97	455.40
H&W Back Deduction		30.16
<b>Total:</b>	<b>646.24</b>	<b>7,516.62</b>

**Accruals**

Description	Taken	Available
SICK BAL		72.00

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### Statement of Earnings and Deductions

Name	SSN	Employee ID	Company	Bus Unit
RICHARD A ELIASON JR	XXX-XX-9619	[REDACTED]	00175	16523171
Check Number	Pay Period Start	Pay Period End	Check Date	Net Pay
469345	8/1/2022	8/15/2022	8/22/2022	2,376.18

### Earnings

Description	Hours	Rate	Current Amount	YTD Amount
REGULAR	50.00	28.00000	1,400.00	33,504.06
REGULAR	43.74	36.42000	1,593.01	1,593.01
PPD ADJ R				1,848.00
HOL NOT W				1,036.20
MEAL BR P				72.84
SICK PAY				257.68
<b>Total:</b>	<b>93.74</b>		<b>2,993.01</b>	
<b>Taxable YTD:</b>				<b>38,311.79</b>

### Deductions

Description	Current Amount	YTD Amount
Federal Income Tax	212.54	2,131.18
Federal FICA Withheld	185.57	2,375.33
Federal Medicare Withheld	43.40	555.52
CALIFORNIA WH	142.40	1,356.76
CALIFORNIA SDI EE	32.92	421.43
H&W Back Deduction		30.16
<b>Total:</b>	<b>616.83</b>	<b>6,870.38</b>

### Accruals

Description	Taken	Available
SICK BAL		72.00

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Name	SSN	Employee ID	Company	Bus Unit
RICHARD A ELIASON JR	XXX-XX-9619	[REDACTED]	00175	16523171
Check Number	Pay Period Start	Pay Period End	Check Date	Net Pay
466230	7/16/2022	7/31/2022	8/5/2022	2,080.86

### Earnings

Description	Hours	Rate	Current Amount	YTD Amount
REGULAR	39.90	28.00000	1,117.20	30,652.36
REGULAR	39.86	36.42000	1,451.70	1,451.70
PPD ADJ R				1,848.00
HOL NOT W				1,036.20
MEAL BR P				72.84
SICK PAY				257.68
<b>Total:</b>	<b>79.76</b>		<b>2,568.90</b>	
<b>Taxable YTD:</b>				<b>35,318.78</b>

### Deductions

Description	Current Amount	YTD Amount
Federal Income Tax	161.64	1,918.64
Federal FICA Withheld	159.27	2,189.76
Federal Medicare Withheld	37.25	512.12
CALIFORNIA WH	101.62	1,214.36
CALIFORNIA SDI EE	28.26	388.51
H&W Back Deduction		30.16
<b>Total:</b>	<b>488.04</b>	<b>6,253.55</b>

### Accruals

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SICK BAL		72.00

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